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CONFIRMATION NO. 2522

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10/647,638		709	2443	5620-0002

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/405,545 08/23/2002

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **

11/17/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		NJ	1	10 26	1 4

ADDRESS

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/DCM/

TITLE

Networked thin client with data/memory interface

FILING FEE RECEIVED 1225	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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